

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/595926

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		10		/			62						
13		10		/			63						
14	/		/				64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		4		/			68						
19		4		/			69						
20		4		/			70						
21	/		/				71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		4		/			75						
26		4		/			76						
27		4		/			77						
28		4		/			78						
29		/		/			79						
30		/		/			80						
31	/		/				81						
32	/		/				82						
33		/		/			83						
34	/		/				84						
35	/		/				85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39	/		/				89						
40	/		/				90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	32	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			41				TOTAL CLAIMS						